

RECEIVED USDC
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2020 AUG 31 PM 3:19 UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
CHARLESTON DIVISION

UNITED STATES OF AMERICA
v

RASHAUN JUDGE

Case # 2:17-cr-301

: Honorable Richard M Gergel

Compassionate Release
Petition 3582(c)(1)(A)

I RASHAUN JUDGE hereby submit this motion pursuant to 18 U.S.C. 3582(c)(1)(A) requesting that my term of imprisonment be converted to supervised release which does not exceed the unserved portion of my original sentence or, in the alternative, that the sentencing court reduce my term of imprisonment.

The basis for this request consists
of the following:

There are extraordinary and compelling reasons warranting either a transformation, or reduction of my prison sentence as detailed further herein;

Applicable law

18. U.S.C 3582(c)(1)(A) provides that the Director of the FBIOP may submit a motion on the inmates behalf with the sentencing court.

See also U.S.G § 1B1.13 (Policy statement). The sentencing court may grant the motion after considering the sentencing factors provided in U.S.C. § 3553(a), to the extent that they apply, if the court determines;

1. Extraordinary and compelling reasons warrant such a reduction.
2. The inmate is not a danger to the safety of any person or the community as provided under 18 U.S.C. § 3142(a) and;
3. The reduction is consistent with the policy statement promulgated by the U.S. Sentencing Commission pursuant to 18 U.S.C. § 3582(c)(1)(A) that being the policy statement contained in the U.S. Sentencing Guidelines § 1B1.13. See 18 U.S.C. 3582(c)(1)(A); 28 U.S.C. § 994(e)(2); and U.S.G § 1B1.13 (Policy statement).

Regulations promulgated by the U.S. Department of Justice, Federal Bureau of Prison Outline the manner in which the inmate may request that such a motion be filed on the inmates behalf. See 28 CFR §§ 571.60 et. seq, 28 CFR § 571.61 Outlines the process for initiating a request based on extraordinary and /or compelling Circumstance. See also program Statement 5050.50 (compassionate Release/ Reduction in sentence; Procedures for Implementation of 18 U.S.C. § 3582 and 4205(g) (January 17, 2019)

The regulations provide that the request shall be submitted to the warden Ordinarily in writing by the inmate.

Procedural History

Letter from family member to warden

BP-8 and BP-9

Cop Out to Case manager

See Exhibits A-D

The regulations further provide that the inmate initiate the request "only when there are particularly extraordinary and/or compelling Circumstances which could not reasonably have been foreseen by the court at the time of sentencing, nor is it a requirement of the governing statute. In fact, Application Note 2 of the policy statement specifies that "an extraordinary and compelling reason need not have been unforeseen at the time of sentencing in order to be considered. U.S.S.G. 3 13 Application Note 2 further, the guideline allow that the sentencing court may have previously been aware of an extraordinary and compelling circumstances, but such an event "does not preclude consideration for a reduction under the policy Statement. Id. It is my contention that the extraordinary and compelling Circumstances detailed herein could not have been possibly foreseen at the time of sentencing. Nevertheless, to foresee such circumstances at the time of sentencing should not effect this courts decision whether to support a petition under (18 U.S.C. 3582(c)(1)(A) on my behalf.

The regulations specify that an inmates request shall contain, at a minimum, the following information:

1. The extraordinary and/or compelling circumstances that the inmate believes Warrant consideration; and
2. Proposed release plans, including:
 - A. Where the inmate will reside
 - B. How the inmate will support himself; and
 - C. If the request is based on medical issues, how will the inmate pay for treatment.

Extraordinary and compelling Circumstances

On or about 5/14/2020 I was taken to medical for chest pain. When I got to medical Dr. Martin informed me I was having a slight heart attack I was then given Aspirin to chew and nitro-glisern to dissolve then transported to Grady hospital where they ran several test. In the midst of them running test my COVID-19 test results came back 100% positive. At this time I was sent back to the prison to quarantine. The doctor informed me that because they had not finish the testing, they still had not found the problem and that she did not wish to release me, but because I tested positive for COVID-19 it was out of her control.

The doctor said all of my EKG's were off and because they couldn't figure out why this left her worried and concerned. The doctor also informed me that by my EKG results I am high risk for a full heart attack, she said, she couldn't tell me if it would happen today, tomorrow or next year, but if I don't find the problem immediately a heart attack is inevitable. The doctor said she was also concerned something more may be going on because I had already informed them that my mother suffered a heart attack the previous November. I now take medication for phase II of heart failure and still suffer from chest pain, shortness of breath, and at times restricted breathing.

Once I returned to the prison I was put on an isolated floor with COVID-19, Severe chest pain, and medication they didn't know how my body would react to, any combination could have been deadly and yet I only saw officers at count time which is anywhere

from every 4 to 8 hours. Dr. Martin in his report put I am fine, yet the Cardiologist a heart specialist is saying if I don't figure out the problem I'll "die"! The nurse let me know that I needed to take extra precautions because it would be easier for me to get COVID-19 again. Recent medications for hypertension, anxiety, Phase II heart failure. See Medical Records Exhibit E

My living conditions at the prison are not safe for my condition or healthy. There is no social distancing, mask aren't being enforced, people aren't being tested, no cleaning supplies and most importantly my medical needs are NOT being met. The cardiologist requested to see me back in 1-2 week on 5/14/2020, I haven't seen the cardiologist yet and it is now 8/20/2020.

Numerous Courts have granted compassionate release to defendants with much longer periods of time left on their sentences than the four years (approximately) Mr. Judge is still due to serve. See United States v. Somerville No 12-225, 2020 WL 2781585 (W.D. Pa. May 29, 2020) (granting compassionate release of defendant Vulnerable to COVID-19 and reducing 15 year ACCA sentence to approximately 8 years); United States v. Brown, No 18-360 ECF No 35 (N.D. Ala. May 22, 2020) granting Section 3582(c)(1)(A) reducing 60 months sentence to 11 months time served for defendant suffering from asthma who tested positive for COVID-19); United States v. Galloway, No 10-0715, 2020 WL 2571172 at *1, *4 (D. Md. May 21, 2020) (reducing 235 month sentence to time served for defendant who served almost 10 years pursuant to Section 3582(c)(1)(A) based on defendant's debilitated conditions);

United States V Delgado; NO 18-17, 2020 WL 2464685, at*1, *4 (D.Conn Apr 30, 2020)

reducing 120 month sentence to 29 months time served pursuant to section 3582(c)(1)(A) for defendant at High Risk for "serious" complications due to COVID-19

United States V Winston N.D 13-00639 ECF NO 295 (D.Md Apr 28, 2020) granting Compassionate release based on defendant's "serious" medical conditions and

Vulnerability to COVID-19 and reducing 120 month sentence to 36 months time served.)

United States V Almonte NO 05-58, 2020 WL 1812713 at*1, *7 (D.Conn Apr 9, 2020)

reducing 262 month sentence to approximately 15 years time served pursuant to section 3582(c)(1)(A) due to concern that defendant would not get necessary medical attention during COVID-19 pandemic

Here the overriding factor Under § 3553(a) that was not present at the time of sentencing is the COVID-19 factor and the "serious" risk it presents.

Although the seriousness of Mr. JUDGE's offense's led the court to impose its Original Sentence, the sentencing purpose of just punishment does NOT warrant a sentence that includes exposure to a life threatening illness. The 3553(e) can be met in this case by an order of home confinement as a condition of supervised release.

See United States Sentencing Commission, Guideline Manual, § 1B1.13 (specifying that extraordinary health reasons include terminal illness or "serious" health concern).

A specific prognosis of life expectancy (i.e., a probability of death within a specific time period) is NOT required.

While at Atlanta USP I have made my time as productive as possible by programming as much as I could until they stopped all movement for the COVID-19 pandemic
See Certificates Exhibit F

The purpose of punishment have been met under pepper V United states, the court must also consider the most up-to-date picture of the defendant history and characteristics, which sheds light on the likelihood that the defendant will not engage in future criminal conduct 562 u.s. 476, 492 (2011)

I contend that a terminal heart "serious" Condition is an extraordinary and compelling Circumstance which could not have possibly been foreseen by the Sentencing Court. My presence at the prison puts me at a very high risk of becoming covid-19 positive again and potentially incurring my own death, especially since I suffer from a chronic heart disease. According to the CDC because I suffer from a chronic disease I am a much higher risk of contracting COVID-19 again than those who don't suffer from chronic illness. If the words of the Attorney General are to be heeded I am one of the people who should not be here.

Based on the foregoing, I respectfully request that you accept this motion on my behalf under 18.U.S.C. 3582(c)(1)(A), I have demonstrated extraordinary and compelling reasons for modification or reduction of my sentence under U.S.S.G § 1B1.13, applications Note and program statement 5050.50. I understand these are Unique times, I only asked to have my sentence converted into Sentence of Supervised release or modified in light of this COVID-19 pandemic.

Release Plan

If released I will stay with my mother Gwendolyn Judge at 2001 Jedi street, North charleston south Carolina. I will support my-self from my current businesses which are a Car Audio shop on Rivers Ave in North charleston, a lawn care Company and a used car dealership that is being leased until I return. I have full medical insurance that will cover the majority of my medical concerns the remainder will be paid in full by me or my mother. Regular check ups will be done by a family physician. The major medical concerns that I have will be handled by MUSC medical center in downtown charleston. If granted release one of my family members from my Visitation list will be able to pick me up promptly.

Exhibit A

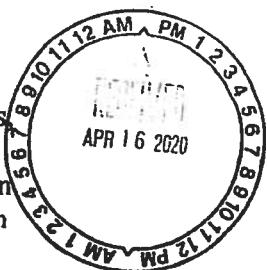
B4
SAC
234

Date April 8, 2020
 Gwendolyn Judge
 C/o Rashaun Allen Judge # 17358-171
 2001 Jedi Street
 North Charleston, SC, 29406
 843-566-1036

To the Warden of USP ATL, (Warden Woods)

I hope that when this letter reaches you that you are doing as well as to be expected with the COVID-19 pandemic which is currently affecting our Nation. My name is Gwendolyn Judge, I am writing on behalf of my son (Rashaun Judge 17358-171) who is currently incarcerated at USP serving a 10 year sentence and is eligible for release according to your website as of 11/25/2025. It is my understanding as our country is experiencing a crisis that on March 27, 2020 the House passed the CARES Act to release prisoners to home confinement. I am writing to advocate on my son's behalf that he be released to home confinement under the CARES act. I understand there is a screening process that all inmates must go through and meet the requirements to be considered for release under the CARES Act. I believe my son has met the requirements according to the BOP website and are outlined below:

1. Health - Rashaun, although he is 35 years old he currently has 2 underlining health issues which are an extreme concern with the potential exposure of COVID-19. He has Bronchitis and heart condition. It is my understanding that at least 9 inmates and 3 officers have been diagnosed with having the deadly virus at the facility. Because of the seriousness of the virus and Rashaun's health conditions I hope you will take this into consideration of granting him release.
2. Security Level- USP is a medium facility and it is my understanding that as of January 11, 2020 Rashaun was advised that he was eligible to be transferred to a low facility being that his points were low enough to be considered for a transfer. Although priority is being given to inmates residing in low and minimum security facilities he does have the points to qualify for transfer.
3. Inmates Conduct- Rashaun is not affiliated with any prison gangs and has not had any disciplinary actions against him while at USP ATL.
4. Use of Pattern/ Recidivism risk. I can assure you that Rashaun does not have any intentions and has truly learned from this experience that he will not re-enter the BOP. Although his sentencing stems from charges resulted in 2016 before his incarceration which begun on April 27, 2017. He had 2 successful businesses which included a car dealership and lawn care services. Rashaun, did change his life entirely around and was on the straight and narrow path prior to his incarceration and conviction. He was a devoted father, son, and mentor to young men in the community, who were headed down the destruction path he once lived. If granted Release the potential exposure to the virus will



be minimum as he would be on home confinement and reside with me only compared to being housed at USP ATL.

5. Inmates crime of Conviction, and assessment of the danger-
Although his offense is related to a drug offense Rashaun poses no danger to the community or threat to the public. As stated above he was a mentor in the community and business man.

Last but not least if I may provide you with additional information that will help you in your decision making process to release Rashaun into my care. Rashaun is my only child and nearest living relative. I am 72 years old and as of last year August I suffered a heart attack that required for me to undergo a triple bypass. My health is in fair condition and although I worry about myself I am extremely concerned about my son being exposed. For these reasons mention I strongly hope you will consider releasing my son under the CARES Act. Should you need any additional information please feel free to contact me at 843-566-1036. I thank you in advance for your time and allowing me the chance to advocate for my son. My prayers are with you, your family, the staff, as well as the inmates during the COVID-19 Pandemic.

Sincerely,


Gwendolyn Judge

ADMINISTRATIVE REMEDY INFORMAL RESOLUTION FORM

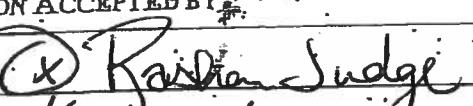
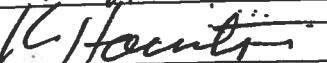
INSTRUCTIONS:

When you are unable to informally resolve the inmate's complaint, complete and attach this report to each BP-9. The BP-9 will not be accepted without this form.

Inmate Name:	Rashawn Judge	Reg. No.:	17358-171
Form Requested by inmate:	7/2/20	Date:	1/27/20
Form Provided to inmate:	7/2/20	Staff Signature:	K. Houston

Inmate's complaint: As of 3/26/2020 it was signed into law that Under 3624(c)(2) a prisoner can be placed on home confinement, title 3582(c)(1)(A). States a federal court can reduce a sentence or impose a term of probation. Because I have an extraordinary and compelling health condition and had covid-19 it would like to be considered for relief under 3582(c)(1)(A) or 3624(c)(2). Action taken to informally resolve complaint:

Response: You will proceed with BP-9 to the Warden, through your Case Manager or C.M.C. Office. K. Houston

INFORMAL RESOLUTION ACCEPTED BY:	Date:
Inmate's Signature: 	Date: 7/2/20
Inmate Name (Printed): K. Houston	
Staff's Signature: 	Date: 7/2/20
Staff Name and Title (Printed):	

INFORMAL RESOLUTION REJECTED BY:	Date:
Inmate's Signature:	Date:
Inmate's Name (Printed):	
Staff Signature: 	Date: 7-2-20
Staff Name and Title (Printed):	
Date BP-9 Provided to Inmate:	7/2/20

Original: Unit Manager (when resolution is accepted), or
Forward with BP-9 (when resolution is not accepted)
Carbon: To inmate

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Judge Rashawn A LAST NAME, FIRST, MIDDLE INITIAL 17358-171 REG. NO. B-1 UNIT ATL USP INSTITUTION

Part A- INMATE REQUEST

As of 3/26/20 it was signed into law under title 18 3624(c)(2) that because of the COVID-19 pandemic a prisoner can be placed on home confinement. Title 18 3582(c)(1)(A) states a federal court can reduce a sentence or impose a term of probation. Since I have an extraordinary and compelling (heart) health condition and HAVE tested 100% positive for COVID-19 I would like to be considered for relief under 3624(c)(2) and 3582(c)(1)(A).

See United States Sentencing Commission, Guideline Manual, § 1B1.13 (specifying that extraordinary health reasons include terminal illness or "serious health concerns). A specific prognosis of life expectancy (i.e., a probability of death within a specific time period) is not required

7/2/20

DATE

Rashawn Judge

SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____ LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION
SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

USP LVN



PRINTED ON RECYCLED PAPER

BP-229(13)
APRIL 1982

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

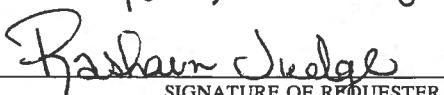
From: Judge Rashaun A LAST NAME, FIRST, MIDDLE INITIAL 17358-171 REG. NO. B-1 UNIT ATL USP INSTITUTION

Part A- INMATE REQUEST

As of 3/26/20 it was signed into law under title 18 3624(c)(2) that because of the COVID-19 pandemic a prisoner can be placed on home confinement. Title 18 3582(c)(1)(A) states a federal Court can reduce a sentence or impose a term of probation. Since I have an extraordinary and compelling (heart) health condition and HAVE tested 100% positive for COVID-19 I would like to be considered for relief under 3624(c)(2) and 3582(c)(1)(A).

[See United States Sentencing Commission, Guideline Manual, § 1B1.13 (specifying that extraordinary health reasons include terminal illness or "serious health concerns). A specific prognosis of life expectancy (i.e., a probability of death within a specific time period) is not required]

7/2/20 DATE


 SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____ LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION
SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)



Inmate Judge, Rashaun Allen

Reg# 17358-171

Unit B-1 / CSW H. Belafonte

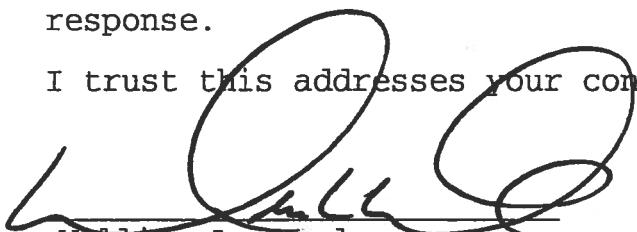
Inmate Request to Staff Member Response

This is in response to your Inmate Request regarding a Compassionate Release/Reduction in Sentence (RIS), in which you request a compassionate release for extraordinary circumstances due to the following medical conditions: Pre-existing Heart Condition and the COVID-19 pandemic.

Your request as written is being returned, and further review for consideration has been rejected by the RIS review committee. In order for your request to be properly assessed, you must indicate which category you wished to be considered under as you can only submit one request at a time. You also failed to provide all the minimum criteria as stipulated in Program Statement 5050.50. If you still wish to be considered for Compassionate Release/RIS please re-submit your request with the minimum criteria. Please note, this policy does not include a provisions for development of an illness, which you have not yet contracted.

If you are dissatisfied with this response, you may file an appeal pursuant to Program Statement 1330.17, Administrative Remedy Program, within 20 calendar days of the date of this response.

I trust this addresses your concern



William L. Woods
Warden

7/30/2020

DATE

ATL/Case Mgmt Coord~ - Re: Fwd: Correspondence Regarding: CARES ACT, Judge, Rashaun 17358-171

From: Darren Martin
To: ATL/CaseMgmtCoord~@bop.gov; Hollinger, Tara A.; Moore, Sharea
Date: 4/21/2020 2:37 PM
Subject: Re: Fwd: Correspondence Regarding: CARES ACT, Judge, Rashaun 17358-171
Attachments: Martin, Darren.vcf

Inmate Judge, Rashaun (reg# 17358-171) is a 35yo male with no listed chronic medical conditions that require management at this facility, and hence, does not fit the Reduction in Sentence (RIS) or Compassionate Release criteria under Terminal or Debilitated Medical Condition, as he can perform his ADLs.

**Darren Martin, MD****Clinical Director**

Health Services Unit

USP Atlanta

Federal Bureau of Prisons

601 McDonough Blvd SE

Atlanta, GA 30315

office#: 404-635-5461 (Admin)404-635-5435 (Clinic)404-635-5313 (page)cell: 470-522-1633fax: 404-635-5380d3martin@bop.gov*'Commit to Excellence'**"We are what we repeatedly do. Excellence, then, is not an act, but a habit — Aristotle***SENSITIVE/PRIVILEGED COMMUNICATION**

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Home Confinement (COVID-19)

Reviewed:

Inmate Name Judge, Rashawn A Reg # 17358-171

Custody Score / LEVEL: 14 / MED FSA RISK LVL H1 AGE 35
PRD 11/30/2025 TSPS 349 Vulnerability to Covid-19 _____

Primary Offense: Violent Sex Offense Terrorism related

Detainer YES NO

Does the inmate provide a Viable release plan:

Incident Report History (300-400) (100-200 not eligible) Last twelve months

Medical Review YES NO Care level 1

Does not fit conditions

RIS coordinator:

Does not qualify per current Criteria presented by SERO

CMA ASSIGNMENT entered by Case Manager

CV-HD-Deny

CV-COM REF

ATL/Case Mgmt Coord~ - Re: RIS Request Judge #17358-171

From: Darren Martin
To: RIS
Date: 7/22/2020 12:30 PM
Subject: Re: RIS Request Judge #17358-171
Attachments: Martin, Darren.vcf

Inmate Judge, Rashaun Reg# 17358-171, is a 35 yo Black male with following listed medical history: COVID-19 test negative. Inmate had an episode of chest pain sent out to hospital, but inmate refused definitive treatment, symptoms resolved and he was returned to the facility. However, there is no evidence that he fits the Reduction in Sentence (RIS) or Compassionate Release criteria under Terminal or Debilitated Medical Condition, as there is no documented evidence that he cannot perform his ADLs, and he has no terminal or debilitating conditions at this time. In addition, he has no documented return of COVID-19 symptoms or diagnosis as of July 2020. Should his overall condition change, additional information may be submitted at a future time.



Darren Martin, MD

Clinical Director

Health Services Unit

USP Atlanta

Federal Bureau of Prisons

601 McDonough Blvd SE

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office#: 404-635-5461 (Admin)

404-635-5435 (Clinic)

404-635-5313 (page)

cell: 470-522-1633

fax: 404-635-5380

d3martin@bop.gov

'Commit to Excellence'

"We are what we repeatedly do. Excellence, then, is not an act, but a habit — Aristotle

SENSITIVE/PRIVILEGED COMMUNICATION

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BP-A0148

JUNE 10

U. S. DEPARTMENT OF JUSTICE

INMATE REQUEST TO STAFF CDFRM

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Case Manager Belafonte	DATE: 7/5/20
FROM: Rashawn Judge	REGISTER NO.: 17358-171
WORK ASSIGNMENT: A/c	UNIT: B-1

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request. On or about 5/14/20 I was taken to medical for chest pain. When I got to medical I was said to be having a slight heart attack I was then transported to Grady hospital where they ran several test, In the midst of them running test my covid-19 test came back positive so they couldn't continue with the heart testing. COVID-19 because it is so new the effects or after effects still aren't know. The reason they say if you already have underlying health conditions your at a greater risk of dying is because covid-19 take an already existing problem and make it worse particularly (Heart) and (lung) problems. Before the doctor released me she informed me that because they hadn't found the problem she didn't wish to release me, but because I tested 100% positive for covid-19 it was out of her control. The doctor said all of my EKGs were off and because they couldn't figure out what was wrong this left her worried and concerned.)

(Do not write below this line)

Continue
Next page →

DISPOSITION:

Refer to RIS Coordinator

Signature Staff Member

Date

7/5/20

Record Copy - File; Copy - Inmate

PDF

Prescribed by P5511

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

The doctor said by what she saw from my EKGs that my heart is abnormal and that I am high risk for a full heart attack. The doctor said she couldn't say if it would happen today, tomorrow, or next year but from what she saw a heart attack is inevitable. Since having COVID-19 coupled with an already existing heart condition I now take medication for Phase II of heart failure. I now, since having COVID-19 have constant chest pains, shortness of breath and at times what seems to be restricted breathing. I would like to be considered for relief under 3582(c)(1)(A) because of a terminal illness or "Serious" health concerns.

See United States Sentencing Commission, Guideline Manual, § 1B1.13 (specifying that extraordinary health reasons include terminal illness or "Serious" health concerns). A specific prognosis of life expectancy (i.e., a probability of death within a specific time period) is NOT required.

Release Plan

If released I will stay with my mother Gwendolyn Judge at 2001 Jedi street, North Charleston South Carolina. I will support myself from my current businesses which are a car audio shop on Rivers Ave in North charleston, a lawn care company and a used car dealership on South live oak in Moncks corner South Carolina, that is being leased until I return. I have full medical insurance that will cover the majority of my medical concerns the remainder will be paid in full by me or my mother. Regular check up will be done by a family physician. Any major medical problems will be handled by Musc medical Center in downtown charleston.

USP ATL 17358-171

Exhibit E

**Important - Utilization Review from Grady Health System**

May 18 2020 9:54AM ET

Dear Carol Fortson, Naphcare

Utilization Review ADM - 131127568 information for RASHAUN JUDGE, Patient Account # 5007950009 is included in this fax. Please use the contact information below to discuss any questions with this review.

Fax Comment:

Admission summary for 5/14/20 and discharge summary for 5/16/20

Contact Information:

Fax authorizations & denials to your dedicated E-Fax line. If you have not received a new fax number, pls call Latonya @ 404-616-1852/Lashawnda @ 404-616-6915. You can also call authorizations & denials - UM VM system @ 404-616-7705. Include the following. 1. Name & contact # of person authorizing days 2. Patient's name 3. Patient's DOB 4. Admit Dt 5. Specific dtes approved/denied 6. Total days authorized/denied. 7. Level of care authorized 8. Dt of next clinical update & fax # for submission 9. Auth#

Thank you.

Authorization Number Request

Use Fax Number to fax authorization number for approval for above patient

Authorization # _____

Confidentiality Notice

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Review ID# 131127568		Page 2 of 7
<p>He reports MI in his mother at the age of 71 and an aunt with a pacemaker, but otherwise no significant family history of cardiovascular disease. He is a current smoker <1 ppd x 10 years. Former marijuana smoker but no current drug use and no h/o cocaine.</p> <p>He denies any sick contacts and no fevers/chills, cough, dyspnea, n/v, diarrhea, abdominal pain, anosmia/agustia. No l/r edema or orthopnea.</p> <p>Four days ago, the frequency of these events intensified. He reports to sided chest pain, which is sometimes sharp, sometimes squeezing, sometimes a/w dyspnea. Pain is 4/10 and comes on randomly, lasting for a few minutes at a time before spontaneously remitting. It is not a/w symptoms. No association with food or time of day.</p> <p>Each time he is told his EKG is slightly abnormal but stable and no further work-up is pursued.</p> <p>The pt reports recurrent episodes of mild chest pain, around 10x over the past several years. Each time he is told his EKG is slightly abnormal but stable and no further work-up is pursued.</p> <p>He is a male with no significant family history for chest pain. Pt is an inmate in federal prison.</p> <p>PCP: No primary care provider on file.</p> <p>Admission date: 5/14/2020</p> <p>Patient MRN: 100621078</p> <p>Patient Name: RASHAUN JUDGE</p> <p>Emergency History and Physical Team E</p> <p>Severity of illness</p>		

Medical Necessity - Review # 131127668 - MRN: 000100621078 - RASHAUN JUDGE

Name:	RASHAUN JUDGE	MRN:	000100621078
Date of Birth:	1/1/1985 (35 years)	Account #:	500795009
Gender:	Male	Patient Type:	Inpatient
Admission Date:	5/14/2020 9:30 PM (ET)	Location:	11B / 11B-11B22
Discharge Date:	5/16/2020 3:23 PM (ET)	Service Type:	Emergency Service
Attending Physician:	MEHUL TEJANI	Admitting Diagnosis:	STMI
Patient History and Physical Team E			

Patient Information - Review # 131127668 - MRN: 000100621078 - RASHAUN JUDGE

Review ID:	131127568	Review Type:	Admissions
Reviewer:	Eboni NCM, Baxter	Review Date:	5/14/2020
Reviewed Days:	X		

Review Information - Review # 131127668 - MRN: 000100621078 - RASHAUN JUDGE

Grady Health System

Utilization Review Medical Necessity

Pt reports he has been complaining of this for four days to nurses at the prison but no further action was by medical staff until today when he told a guard directly that he was having now constant chest pain. EKG prior to arrival was noted to have changes concerning for STEMI.

VS:BP 118/63 | Pulse 61 | Temp 36.8 C (98.2 F) | Resp 12 | Ht 1.651 m (5' 5") | Wt 74.8 kg (165 lb) | SpO2 100% | BMI 27.46 kg/m

EKG: 75 bpm, sinus rhythm, RAA w/ borderline right axis deviation, biphasic T waves in v3-v5, t wave inversions II, III and AVF, ST elevation V3-V5

LABS: Cre 1.3, CBC-wnl, D-Dimer 566, Triglyceride-Serum 46, Covid-19 lab test positive, PTL 138

Intensity of Service

Eboni NCM, Baxter: Admission review for 5/14/20.

MEDS:

enoxaparin (LOVENOX) 40 mg/0.4 mL injection 40 mg

Dose: 40 mg

Freq: EVERY 24 HOURS Route: SC

apixaban (ELIQUIS) tablet 2.5 mg

Dose: 2.5 mg

Freq: 2 TIMES DAILY Route: PO

aspirin chewable tablet 81 mg

Dose: 81 mg

Freq: DAILY Route: PO

atorvastatin (LIPITOR) tablet 40 mg

Dose: 40 mg

Freq: DAILY Route: PO

PLAN:

RASHAUN JUDGE is a 35 y.o. male presenting with non-anginal chest pain and concerning EKG findings with negative troponin warranting admission for further cardiac work-up.

#Chest Pain

#EKG Changes c/f Myocardial Ischemia

TTE w/o focal wall motion abnormality per cardiology. Pt reports long h/o abnormal EKGs and intermittent chest pain. No recent drug use. Troponins negative. CAD vs coronary vasospasm vs non-cardiac chest pain. CT PE negative. Given his lack of typical anginal chest pain, young age without significant risk factors, negative cardiac biomarkers or focal wall motion abnormalities, reported stable EKG changes, ability to do ~1 hour of cardio without symptoms, I have a low suspicion for ischemic disease, but his EKG changes are certainly concerning especially in the setting of chest pain and warrants further work-up.

- Cardiology consulted; recommend ASA and admission for observation with CTA vs LHC. No indication for heparin or other medications at this time.

- TTE ordered
- Trend troponin
- Check lipids, A1c

#COVID-19 PUI

Given chest pain with occasional dyspnea and CXR abnormality.

- COVID-19 NP swab pending
- COVID-19 isolation precautions
- SCD for DVT prophylaxis for now given low clinical suspicion and possible procedure tomorrow AM

Other

05-18-2020 8:54 AM

Fax Services

→ 12055459598

pg 4 of 7

Eboni NCM, Baxter: Discharge Summary for 5/16/20.

I saw and evaluated the patient. Discussed with resident and agree with residents findings and plan as documented in the residents note.

Patient without chest pain. He is still unwilling to undergo LHC even if stress test is positive. Patient COVID positive and likely would not be able to get stress test until he is negative. Will start on ASA and statin. HR in 70s, so will try low dose BB but this needs to be followed up on. Given refusal of LHC, even a positive stress test would unlikely change management. Will need outpatient stress and cardiology follow up in next few weeks. Due to being COVID positive he warrants Level 1 AC with Eliquis 2.5mg BID. He will also need to be in isolation in prison per their policy.

Judge, Rashaun
 Home Medication Instructions HAR:5007950009
 Printed on:05/16/20 1232

Medication Information:

apixaban (ELIQUIS) 2.5 MG TABS tablet
 Take 1 tablet (2.5 mg total) by mouth 2 times every day.

aspirin 81 mg chewable tablet
 Take 1 tablet (81 mg total) by mouth every day.

atorvastatin (LIPITOR) 40 MG tablet
 Take 1 tablet (40 mg total) by mouth every day.

metoprolol succinate XL (TOPROL-XL) 25 mg tablet
 Take 1 tablet (25 mg total) by mouth every day.

Lauren M. Gensler, MD

Physician Discharge Summary

Patient ID:
 Rashaun Judge
 100621078
 35 y.o.
 1/11/1985

Admit date: 5/14/2020

Discharge date and time: 05/16/20

Admitting Physician: Mehul N. Tejani, MD

Discharge Physician: Dr Gensler

Admission Diagnoses: Chest pain
 Chest pain
 Chest pain

Discharge Diagnoses:
 Chest pain, unspecified

Admission Condition: fair

Discharged Condition: good

Indication for Admission:

Review ID# 131127568

Page 4 of 7

Hospital Course:

#atypical chest pain

#Twaves inversion in the antero-lateral leads

Patient presented with chest pain at rest. EKG findings was concerning for t waves inversion the anterolateral leads and troponins were negative time 3. Cardiology was consulted and recommended a left heart cath but patient declined without giving any specific reason. His work up showed A1C 4.5, lipid panel and TSH within normal limit and unremarkable urine drug screen. He underwent and echocardiogram and CT heart that did not show anything concerning. Cardiology recommended a stress test and patient was started on aspirin, lipitor and metoprolol XL. He was advise to follow up with cardiology and get a stress test once possible (ideally within 1-2 weeks)

#COVID infection

Patient was tested for COVID in the setting of chest pain. He never required oxygen supplement and had no cough. His test came back positive and he was advised to self isolate until retested negative.

Consults: cardiology**Significant Diagnostic Studies:**

CTHEART:

IMPRESSION:

No cardiac mass or thrombus on the left atrial appendage thrombus, unchanged from yesterday exam.

Borderline cardiomegaly, however the measurement did not demonstrate enlargement. Otherwise no acute findings in the chest.

CTPE:

IMPRESSION:

No pulmonary embolism. Unremarkable CT of the chest.

TTE

Interpretation Summary

The left ventricle is normal in size.

No intracardiac shunt noted in the visualized region

Left ventricular systolic function is normal.

IV ejection Fraction = 55-60%.

Discharge Exam:

General: well appearing young muscular, no acute distress

HEENT: NCAT, non-icteric, non-injected conjunctivae

Lymph: no cervical LAD

CV: non-elevated JVP, no peripheral edema; RRR, no murmurs

Pulm: Easy WOB, symmetric chest expansion

Abd: NTND

MSK: strength grossly intact, no gross abnormalities; no reproducible chest pain with palpation

Skin: no lesions on exposed skin

Neuro: Face symmetric, non-dysarthric

Psych: appropriate mood and affect

Disposition and Future Appointments:

The following appointments also exist:

No future appointments.

Patient Instructions:

Activity: activity as tolerated

Diet: regular diet and cardiac diet

Wound Care: none needed

⌚ 05-18-2020 8:54 AM

Fax Services

→ 12055459598

pg 6 of 7

There are no discharge medications for this patient.

Signed:
Leyla Makue Fowe, MD

Patient Information - Review # 131127568 - MRN: 000100621078 - RASHAUN JUDGE

Name:	RASHAUN JUDGE	MRN:	000100621078
Date of Birth:	1/11/1985 (35 years)	Gender:	Male
Address:	601 MCDONOUGH BLVD SE ATLANTA, GA 30315-4400	Home: Work: Alt:	(404) 635-1000
Marital Status:	Single	SSN:	000-00-0000
Race:	BLACK	Race 2:	
Ethnicity:	NON-HISPANIC	Ethnicity 2:	
Religion:	NONE		

Emergency Contact 1:	DECLINE PT	
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Admission Information - Review # 131127568 - MRN: 000100621078 - RASHAUN JUDGE

Account #:	5007950009	Patient Type:	Inpatient
Admission Date:	5/14/2020 9:30 PM (ET)	Projected Discharge Date:	5/16/2020 1:00 PM (ET)
Patient Class:		Admit Source:	Self Ref
Service Type:	Emergency Service	Location:	11B / 11B-11B22
Facility:	GHS		

Primary Diagnosis:	STEMI
Admitting Physician:	MEHUL N. TEJANI
Attending Physician:	MEHUL N. TEJANI

Financial Information - Review # 131127568 - MRN: 000100621078 - RASHAUN JUDGE

Financial Class:	COMM
Guarantor:	RASHAUN JUDGE 601 MCDONOUGH BLVD SE ATLANTA, GA 30315-4400 Relationship: Other
Guarantor Employer:	UNEMPLOYED

Assessment/Needs - General Information - Review # 131127568 - MRN: 000100621078

Review ID# 131127568

Page 6 of 7

5/19/2020

Judge, Rashaun (MR#100621078) Printed by DANIELS, VERONICA J [32724]

Judge, Rashaun (MRN 100621078) DOB: 01/11/1985 Encounter Date: 05/14/2020

Do you have a question about this report?

USP ATL 17358-171

Ask a Question

Judge, Rashaun

MRN: 100621078

ED to Hosp-Admission

5/14/2020 - 5/16/2020 (2 days)

Status: Discharged

GRADY HOSPITAL

Last attending: Tejani, Mehul N., MD • Treatment team

Discharge Summary

Makue Fowe, Leyla, MD (Resident) • General Medicine

Cosigned by: Gensler, Lauren M., MD at 5/16/2020 12:32 PM

Attestation signed by Gensler, Lauren M., MD at 5/16/2020 12:32 PM

5/16/2020 12:28 PM

I saw and evaluated the patient. Discussed with resident and agree with resident's findings and plan as documented in the resident's note.

Patient without chest pain. He is still unwilling to undergo LHC even if stress test is positive. Patient COVID positive and likely would not be able to get stress test until he is negative. Will start on ASA and statin. HR in 70s, so will try low dose BB but this needs to be followed up on. Given refusal of LHC, even a positive stress test would unlikely change management. Will need outpatient stress and cardiology follow up in next few weeks. Due to being COVID positive he warrants Level 1 AC with Eliquis 2.5mg BID. He will also need to be in isolation in prison per their policy.

Home Medication Instructions

Judge, Rashaun
HAR:5007950009
Printed on:05/16/20 1232

Medication Information								
apixaban (ELIQUIS) 2.5 MG TABS tablet Take 1 tablet (2.5 mg total) by mouth 2 times every day.								
aspirin 81 mg chewable tablet Take 1 tablet (81 mg total) by mouth every day.								
atorvastatin (LIPITOR) 40 MG tablet Take 1 tablet (40 mg total) by mouth every day.								
metoprolol succinate XL (TOPROL-XL) 25 mg tablet Take 1 tablet (25 mg total) by mouth every day.								

5/19/2020

Judge, Rashaun (MR#100621078) Printed by DANIELS, VERONICA J [32724]

Judge, Rashaun (MRN 100621078) DOB: 01/11/1985 Encounter Date: 05/14/2020

Lauren M. Gensler, MD

Physician Discharge Summary

Patient ID:

Rashaun Judge
100621078
35 y.o.
1/11/1985

Admit date: 5/14/2020**Discharge date and time:** 05/16/20**Admitting Physician:** Mehul N. Tejani, MD**Discharge Physician:** Dr Gensler**Admission Diagnoses:** Chest pain

Chest pain
Chest pain

Discharge Diagnoses:

Chest pain, unspecified

Admission Condition: fair**Discharged Condition:** good**Indication for Admission:****Hospital Course:**

#atypical chest pain

#Twaves inversion in the antero-lateral leads

Patient presented with chest pain at rest. EKG findings was concerning for t waves inversion the anterolateral leads and troponins were negative time 3. Cardiology was consulted and recommended a left heart cath but patient declined without giving any specific reason. His work up showed A1C 4.5, lipid panel and TSH within normal limit and unremarkable urine drug screen. He underwent an echocardiogram and CT heart that did not show anything concerning. Cardiology recommended a stress test and patient was started on aspirin, lipitor and metoprolol XL. He was advised to follow up with cardiology and get a stress test once possible (ideally within 1-2 weeks)

#COVID infection

Patient was tested for COVID in the setting of chest pain. He never required oxygen supplement and had no cough. His test came back positive and he was advised to self isolate until retested negative.

Consults: cardiology**Significant Diagnostic Studies:**

CTHEART:

IMPRESSION:

No cardiac mass or thrombus on the left atrial appendage thrombus, unchanged from yesterday exam.

5/19/2020

Judge, Rashaun (MR#100621078) Printed by DANIELS, VERONICA J [32724]

Judge, Rashaun (MRN 100621078) DOB: 01/11/1985 Encounter Date: 05/14/2020

Borderline cardiomegaly, however the measurement did not demonstrate enlargement. Otherwise no acute findings in the chest.

CTPE:

IMPRESSION:

No pulmonary embolism. Unremarkable CT of the chest.

TTE

Interpretation Summary

The left ventricle is normal in size.

No intracardiac shunt noted in the visualized region

Left ventricular systolic function is normal.

LV ejection Fraction = 55-60%.

Discharge Exam:

General: well appearing young muscular, no acute distress

HEENT: NCAT, non-icteric, non-injected conjunctivae

Lymph: no cervical LAD

CV: non-elevated JVP, no peripheral edema; RRR, no murmurs

Pulm: Easy WOB, symmetric chest expansion

Abd: NTND

MSK: strength grossly intact, no gross abnormalities; no reproducible chest pain with palpation

Skin: no lesions on exposed skin

Neuro: Face symmetric, non-dysarthric

Psych: appropriate mood and affect

Disposition and Future Appointments:

The following appointments also exist:

No future appointments.

Patient Instructions:

Activity: activity as tolerated

Diet: regular diet and cardiac diet

Wound Care: none needed

There are no discharge medications for this patient.

Signed:

Leyla Makue Fowe, MD

5/16/2020

10:46 AM

All notes

Other Notes

 H&P from Spandorfer, Robert, MD (General Medicine)

 Consults from Ismail, Sahar J., MD (Cardiology-Consult) [Cosign Needed]

Additional Orders and Documentation

5/19/2020

Judge, Rashaun (MR#100621078) Printed by DANIELS, VERONICA J [32724]

Judge, Rashaun (MRN 100621078) DOB: 01/11/1985 Encounter Date: 05/14/2020

Results
Imaging
Microbiology

Meds

Orders
Procedures

Flowsheets

Encounter Info: History, Allergies, Education, Care Plan, Detailed Report

Media

Electronic signature on 5/14/2020 5:59 PM - Signed

Hospital Problem List

Chest pain

Care Timeline

05/15 Admitted from ED 0420
05/16 Discharged 1523

Discharge

 Discharged/Transferred to Court/Law Enforcement

IP After Visit Summary (Printed 5/16/2020)

Follow-Ups: Follow up with Cardiac Center (Adult) (Cardiology)

Discharge Orders

Amb referral to Cardiology: Authorized

Medication List at Discharge

Apixaban 2.5 mg Oral 2 TIMES DAILY

Aspirin 81 mg Oral DAILY

Atorvastatin Calcium 40 mg Oral DAILY

Metoprolol Succinate 25 mg Oral DAILY

Printed by Daniels, Veronica J at 5/19/20 9:48 AM

USP ATL 17358-171

**Important - Utilization Review from Grady Health System**

May 22 2020 8:21AM ET

Dear Carol Fortson, Naphcare

Utilization Review DIS - 131258413 information for RASHAUN JUDGE, Patient Account # 5007950009 is included in this fax. Please use the contact information below to discuss any questions with this review.

Fax Comment:

Discharge summary for 5/16/20

Contact Information:

Fax authorizations & denials to your dedicated E-Fax line. If you have not received a new fax number, pls call Latonya @ 404-616-1852/Lashawnda @ 404-616-6915. You can also call authorizations & denials - UM VM system @ 404-616-7705. Include the following. 1. Name & contact # of person authorizing days 2. Patient's name 3. Patient's DOB 4. Admit Dt 5. Specific dtes approved/denied 6. Total days authorized/denied. 7. Level of care authorized 8. Dt of next clinical update & fax # for submission 9. Auth#

Thank you.

Authorization Number Request

Use Fax Number to fax authorization number for approval for above patient

Authorization # _____

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Grady Health System
Utilization Review Medical Necessity

Review Information - Review # 131258413 - MRN: 000100621078 - RASHAUN JUDGE

Review ID:	131258413	Review Type:	Discharge
Reviewer:	Eboni NCM, Baxter	Review Date:	5/16/2020
Reviewed Days:		Level of Care:	x

Patient Information - Review # 131258413 - MRN: 000100621078 - RASHAUN JUDGE

Name:	RASHAUN JUDGE	MRN:	000100621078
Date of Birth:	1/11/1985 (35 years)	Account #:	5007950009
Gender:	Male	Patient Type:	Inpatient
Admission Date:	5/14/2020 9:30 PM (ET)	Location:	11B / 11B-11B22
Discharge Date:	5/16/2020 3:23 PM (ET)	Service Type:	Emergency Service
Attending Physician:	MEHUL TEJANI		
Admitting Diagnosis:	STEMI		

Medical Necessity - Review # 131258413 - MRN: 000100621078 - RASHAUN JUDGE

Severity of Illness

Eboni NCM, Baxter: Discharge Summary for 5/16/20.

Attestation signed by Gensler, Lauren M., MD at 5/16/2020 12:32 PM
 5/16/2020 12:28 PM

I saw and evaluated the patient. Discussed with resident and agree with residents findings and plan as documented in the residents note.

Patient without chest pain. He is still unwilling to undergo LHC even if stress test is positive. Patient COVID positive and likely would not be able to get stress test until he is negative. Will start on ASA and statin. HR in 70s, so will try low dose BB but this needs to be followed up on. Given refusal of LHC, even a positive stress test would unlikely change management. Will need outpatient stress and cardiology follow up in next few weeks. Due to being COVID positive he warrants Level 1 AC with Eliquis 2.5mg BID. He will also need to be in isolation in prison per their policy.

Judge, Rashaun
 Home Medication Instructions HAR:5007950009
 Printed on:05/16/20 1232

Medication Information:
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metoprolol succinate XL (TOPROL-XL) 25 mg tablet
Take 1 tablet (25 mg total) by mouth every day.

Lauren M. Gensler, MD

Physician Discharge Summary:

Patient ID:

Rashaun Judge
100621078
35 y.o.
1/11/1985

Admit date: 5/14/2020

Discharge date and time: 05/16/20

Admitting Physician: Mehul N. Tejani, MD

Discharge Physician: Dr Gensler

Admission Diagnoses: Chest pain

Chest pain

Discharge Diagnoses:

Chest pain, unspecified

Admission Condition: fair

Discharged Condition: good

Indication for Admission:

Hospital Course:

#atypical chest pain

#Twaves inversion in the antero-lateral leads

Patient presented with chest pain at rest. EKG findings was concerning for t waves inversion the anterolateral leads and troponins were negative time 3. Cardiology was consulted and recommended a left heart cath but patient declined without giving any specific reason. His work up showed A1C 4.5, lipid panel and TSH within normal limit and unremarkable urine drug screen. He underwent an echocardiogram and CT heart that did not show anything concerning. Cardiology recommended a stress test and patient was started on aspirin, Lipitor and metoprolol XL. He was advised to follow up with cardiology and get a stress test once possible (ideally within 1-2 weeks)

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Consults: cardiology

Significant Diagnostic Studies:

CTHEART:

IMPRESSION:

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Borderline cardiomegaly, however the measurement did not demonstrate enlargement. Otherwise

no acute findings in the chest.

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IMPRESSION:

No pulmonary embolism. Unremarkable CT of the chest.

TTE

Interpretation Summary

The left ventricle is normal in size.

No intracardiac shunt noted in the visualized region

Left ventricular systolic function is normal.

LV ejection Fraction = 55-60%.

Discharge Exam:

General: well appearing young muscular, no acute distress

HEENT: NCAT, non-icteric, non-injected conjunctivae

Lymph: no cervical LAD

CV: non-elevated JVP, no peripheral edema; RRR, no murmurs

Pulm: Easy WOB, symmetric chest expansion

Abd: NTND

MSK: strength grossly intact, no gross abnormalities; no reproducible chest pain with palpation

Skin: no lesions on exposed skin

Neuro: Face symmetric, non-dysarthric

Psych: appropriate mood and affect

Disposition and Future Appointments:

The following appointments also exist:

No future appointments.

Patient Instructions:

Activity: activity as tolerated

Diet: regular diet and cardiac diet

Wound Care: none needed

There are no discharge medications for this patient.

Signed:

Leyla Makue Fowe, MD

Stable Patient D/C from unit and facility.

D/C teaching, instructions, and information given to Security Officers present at bedside for this Pt. Pt left unit with all personal items.

PIV line removed, Tele-monitoring d/c.

Patient Information - Review # 131258413 - MRN 000100621078 - RASHAUN JUDGE

Name:	RASHAUN JUDGE	MRN:	000100621078
Date of Birth:	1/11/1985 (35 years)	Gender:	Male
Address:	601 McDONOUGH BLVD SE ATLANTA, GA 30315-4400	Home: Work: Alt:	(404) 635-1000
Marital Status:	Single	SSN:	000-00-0000
Race:	BLACK	Race 2:	
Ethnicity:	NON-HISPANIC	Ethnicity 2:	
Religion:	NONE		

Emergency Contact 1: DECLINE PT

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Admission Information - Review # 131258413 - MRN: 000100621078 - RASHAUN JUDGE

Account #:	5007950009	Patient Type:	Inpatient
Admission Date:	5/14/2020 9:30 PM (ET)	Projected Discharge Date:	5/16/2020 1:00 PM (ET)
Patient Class:		Admit Source:	Self Ref
Service Type:	Emergency Service	Location:	11B / 11B-11B22
Facility:	GHS		

Primary Diagnosis:	STEMI
--------------------	-------

Admitting Physician:	MEHUL N. TEJANI
Attending Physician:	MEHUL N. TEJANI

Financial Information - Review # 131258413 - MRN: 000100621078 - RASHAUN JUDGE

Financial Class:	Contracts
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Payment Sources

Prim ary	Financial Class:	Contracts
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Guarantor:	RASHAUN JUDGE 601 MCDONOUGH BLVD SE ATLANTA, GA 30315-4400 Relationship: Other	Home: (404) 635-1000 Employment Status: None
Guarantor Employer:	UNEMPLOYED	

**Assessment/Needs - General Information - Review # 131258413 - MRN: 000100621078
RASHAUN JUDGE**

Patient Height:	5 ft. 5 in.
Patient Weight:	165 lbs. 0 oz.
Primary Language:	ENG

Transportation - Review # 131258413 - MRN: 000100621078 - RASHAUN JUDGE

Patient Height:	5 ft. 5 in.
Patient Weight:	165 lbs. 0 oz.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	JUDGE, RASHAUN ALLEN	Sex:	M	Reg #:	17358-171
Date of Birth:	01/11/1985			Race:	BLACK
Scanned Date:	05/22/2020 09:54 EST			Facility:	ATL

Reviewed by Martin, D. MD/CD on 05/22/2020 10:01.

**Bureau of Prisons
Health Services
Health Problems**

Reg #: 17358-171

Inmate Name: JUDGE, RASHAUN ALLEN

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
Current						
Cannabis Use Disorder, Mild 09/13/2019 09:03 EST Chakos, Derek PsyD/DAP Coordinator	I	DSM-IV	F12.10	09/13/2019	Current	
Encounter for general adult medical exam without abnormal findings 08/15/2019 10:34 EST Crossley, K. FNP 8/15/2019- reports chest pain from "time to time". None today; exam normal; EKG for reassurance		ICD-10	Z0000	08/15/2019	Current	
Coronavirus COVID-19 test negative 05/28/2020 07:01 EST Moore, S. FNP		ICD-10	Z03818-	05/28/2020	Current	
Resolved						
Bronchitis, acute 02/23/2016 07:20 EST SYSTEM 01/30/2012 18:54 EST Fish, Irwin MPAS, PA-C 09/23/2010 11:09 EST Fish, Irwin MPAS, PA-C	III	ICD-9	466.0	09/23/2010	Resolved	01/30/2012
	III	ICD-9	466.0	09/23/2010	Resolved	01/30/2012
	III	ICD-9	466.0	09/23/2010	Current	09/23/2010
Chest pain, unspecified 05/21/2020 09:33 EST Martin, D. MD/CD 5-21-20: recommended for further evaluation		ICD-10	R079	05/14/2020	Resolved	05/21/2020
05/14/2020 16:54 EST Martin, D. MD/CD 5-14-20: unknown etiology: diff: MI, pericarditis, cardiomyopathy; send to ER r/o the former.		ICD-10	R079	05/14/2020	Current	
05/14/2020 16:53 EST Martin, D. MD/CD 5-14-20: unknown etiology: diff: MI, pericarditis, cardiomyopathy		ICD-10	R079	05/14/2020	Current	
Confirmed case COVID-19 05/28/2020 07:01 EST Moore, S. FNP 5-21-20: retested today		ICD-10	U07.1	05/15/2020	Resolved	05/28/2020
05/21/2020 09:33 EST Martin, D. MD/CD 5-21-20: retested today		ICD-10	U07.1	05/15/2020	Current	
05/17/2020 13:52 EST Martin, D. MD/CD		ICD-10	U07.1	05/15/2020	Current	

Total: 6

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: JUDGE, RASHAUN ALLEN	Sex: M	Race: BLACK	Reg #: 17358-171
Date of Birth: 01/11/1985	Provider: Martin, D. MD/CD		Facility: ATL
Encounter Date: 05/21/2020 09:25			Unit: B05

Physician - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Martin, D. MD/CD

Chief Complaint: CARDIAC

Subjective: cc: "they told me; I'm good today"

Inmate Judge seen in follow-up after recent Hospital trip for chest pain where found with COVID-19.

He currently denies any chest pain today. Inmate apparently refused left heart catheterization. He had a CT heart where no cardiac mass or thrombus was found. He has an echo notable for Left Ventricular ejection fraction (LVEF): 55-60% and normal LV systolic function;

Pain: Vital signs pending entry.
 No

ROS:

Cardiovascular

General

No: Angina

Pulmonary

Respiratory System

No: DOE, Dyspnea, Shortness of breath, Wheezing

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
05/18/2020	19:12 ATL	98.6	37.0		Harris, T. RN/IOP/IDC

Exam:

General

Affect

Yes: Pleasant, Cooperative

No: Irritable, Agitated, Flat

Pulmonary

Observation/Inspection

No: Respiratory Distress

Cardiovascular

Observation

No: Cardiopulmonary Distress

Neurologic

Cranial Nerves (CN)

Yes: CN 2-12 Intact Grossly

ASSESSMENT:

Inmate Name: JUDGE, RASHAUN ALLEN	Reg #: 17358-171
Date of Birth: 01/11/1985	Facility: ATL
Encounter Date: 05/21/2020 09:25	Unit: B05

Chest pain, unspecified, R079 - Resolved - 5-21-20: recommended for further evaluation

Confirmed case COVID-19, U07.1 - Current - 5-21-20: retested today

PLAN:

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
435642-ATL	Aspirin 81 MG EC Tab	05/21/2020 09:25
	<u>Prescriber Order:</u> Take one tablet (81 MG) by mouth each day x 180 day(s)	
	<u>Indication:</u> Chest pain, unspecified	
435643-ATL	Atorvastatin 40 MG TAB	05/21/2020 09:25
	<u>Prescriber Order:</u> Take one tablet (40 MG) by mouth each day x 180 day(s)	
	<u>Indication:</u> Chest pain, unspecified	

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-C-COVID-19 Novel Coronavirus	One Time	05/21/2020 00:00	Today
Lab personnel verbally notified of a priority order of Today or Stat			

Disposition:

Discharged to Housing Unit with Convalescence

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
05/21/2020	Counseling	Plan of Care	Martin, D.	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Martin, D. MD/CD on 05/21/2020 09:46

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	JUDGE, RASHAUN ALLEN	Reg #:	17358-171
Date of Birth:	01/11/1985	Sex:	M
Note Date:	05/28/2020 07:00	Race:	BLACK
		Provider:	Moore, S. FNP
		Facility:	ATL
		Unit:	B05

Admin Note - General Administrative Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Moore, S. FNP

Inmate covid-19 test negative as of 5/23/2020.

ASSESSMENTS:

Confirmed case COVID-19, U07.1 - Resolved

Coronavirus COVID-19 test negative / virus ruled out, Z03818-c19 - Current

Other:

Patient allergies reviewed and updates applied as needed.

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Moore, S. FNP on 05/28/2020 07:01

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	JUDGE, RASHAUN ALLEN			Reg #:	17358-171
Date of Birth:	01/11/1985	Sex:	M	Race:	BLACK
Note Date:	06/02/2020 13:53	Provider:	Martin, D. MD/CD		
		Facility:	ATL		
		Unit:	B02		

Admin Note - Medication Reconciliation encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Martin, D. MD/CD

In lieu of COVID-19 pandemic and current National BOP Lockdown, will provide medication reconciliation until inmate can be seen in CCC or for H&P, as indicated.

+ consultation

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Metoprolol Succinate XL Tablet 24 Hour	06/02/2020 13:53
	<u>Prescriber Order:</u> 25mg Orally - daily x 60 day(s)	
	Indication: Chest pain, unspecified	

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
435903-ATL	Metoprolol Tartrate 25 MG Tab	06/02/2020 13:53
	<u>Prescriber Order:</u> Take one tablet (25 MG) by mouth each day	
	Discontinue Type: Immediate	
	Discontinue Reason: new order written	
	Indication:	

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Cardiology	06/19/2020	06/19/2020	Urgent	No	

Subtype:

Cardiology Offsite Appt

Reason for Request:

EXERCISE STRESS TEST WITH NUCLEAR IMAGING - Inmate Judge was sent out to ER recently with complaint of persistent, sharp 10/10 chest pain, radiating to left arm in absence of any constitutional or COVID-19 symptoms. Inmate was seen by Cardiology who wanted to perform cath, but inmate refused so stress test requested but cancelled due to inmate +COVID-19; inmate retested at prison and noted as negative for COVID-19 on 5-24-19; order for stress test.

Provisional Diagnosis:

chest pain

NEG COVID-19

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Martin, D. MD/CD on 06/02/2020 14:03

**Bureau of Prisons
Health Services
Medication Summary**

Current as of 06/26/2020 10:28

Complex: ATL--ATLANTA USP	Begin Date: N/A	End Date: N/A
Inmate: JUDGE, RASHAUN ALLEN	Reg #: 17358-171	Quarter: B02-234U

Medications listed reflect prescribed medications from the begin date to end date on this report.

Allergies: Denied

Active Prescriptions

Aspirin 81 MG EC Tab

Take one tablet (81 MG) by mouth each day

Rx#: 435841-ATL Doctor: Martin, D. MD/CD

Start: 05/21/20 Exp: 11/17/20 **Pharmacy Dispensings:** 30 TAB in 36 days

Atorvastatin 40 MG TAB

Take one tablet (40 MG) by mouth each day

Rx#: 435842-ATL Doctor: Martin, D. MD/CD

Start: 05/21/20 Exp: 11/17/20 **Pharmacy Dispensings:** 30 tab in 36 days

Metoprolol Tartrate 25 MG Tab

Take one tablet (25 MG) by mouth each day

Rx#: 436977-ATL Doctor: Tesh, Ana NP

Start: 06/11/20 Exp: 12/08/20 **Pharmacy Dispensings:** 30 TAB in 15 days

Study ID: 157122



Cardiovascular Operating Room Transesophageal Echocardiograph Report

Name: JUDGE, GWENDOLYN N	Study Date: 09/11/2019 04:52 PM	Account Number: 1925401164
MRN: 000649812	Patient Location: CVICU	
DOB: 08/09/1947	Gender: Female	
Age: 72 yrs	Location: Roper	

Reason For Study: Coronary Artery Disease

Procedure/Quality/Location/Comments

After induction of general anesthesia a well lubricated transesophageal probe was passed easily into the esophagus.

Indications

Surgical Procedure: Emergency CABG. Pre - Left Ventricle The left ventricular ejection fraction is 55 %. There is indeterminate left ventricular diastolic dysfunction. Pre - Right Ventricle The right ventricular systolic function is normal. Pre - Atria The right atrium is normal in size. There is no left atrial enlargement present. The left atrial appendage is (has) normal. The interatrial septum is intact. Pre - Tricuspid Valve There is trace tricuspid regurgitation. Pre - Pulmonic Valve The pulmonic valve was not well visualized. Pre - Mitral Valve There is mild mitral regurgitation present. Pre - Aortic Valve There is a tricuspid aortic valve. There is no aortic stenosis. There is no aortic regurgitation. Pre - Aorta, Pericardium, and Pleura There is (are) no disease within (of) the ascending aorta. The aortic arch is not well visualized. IABP in descending aorta.

Post - Ventricles

The left ventricular EF = 55% post bypass.

Interpretation Summary

LV EF >55%

IABP appears positioned properly

Mild MR

Electronically signed by: MD Randal Atkinson on 09/12/2019 09:13 AM

Ordering Physician: SPRATT-MD, JOHN

Performed By: Atkinson, MD Randal



Report Status: Finalized

Cardiac Diagnostic Report

Demographics

Name:	JUDGE GWENDOLYN N	DOB:	08/09/1947
MR#:	000649812	Age:	72
Date of study:	09/11/2019	Race:	Black
Visit #:	1925401164	Gender:	Female
Performing physician:	RUNQUIST-MD LARS H	Height:	62.99 inches
Referring physician:	LAUERMAN-MD NICHOLAS E	Weight:	121.25 pounds
		BSA:	1.56 m ²

Procedure

Procedure Type

Diagnostic procedure: Coronary Angiography

Medical History

Conclusions

Procedure Summary

Inferior STEMI

Multivessel coronary artery disease

Inferior wall hypokinesis with EF 55%

Intra-aortic balloon pump placed for ischemia

Recommendations

Emergent CABG

Angiographic Findings

Cardiac Arteries and Lesion Findings

LMCA: Normal findings.

LAD: 90% eccentric discrete proximal stenosis

LCx: Ostial 75% followed by complex 95% stenosis involving OM1 and AV Circumflex

RCA: Mid vessel 95% eccentric stenosis with thrombus

LV-AO Angiography:

Mid inferior wall hypokinesis, EF 55%

Procedure Data

Patient Name: JUDGE GWENDOLYN N

MR#: 000649812

Date of study: 09/11/2019 03:33 PM



Report Status: Finalized

Date: 09/11/2019 **Start:** 03:33 PM **End:** 04:05 PM

The procedure was explained in detail to the patient. Risks, complications and alternative treatments were reviewed. Written consent was obtained.

Diagnostic Cath Status: Emergency

Indications: Non-ST elevation MI.

Entry Locations:

- percutaneous access was performed through the right radial artery. A 6 Fr sheath was inserted. Hemostasis was successfully achieved by TR band.
Closure Comments: TR - 12.
- percutaneous access was performed through the right femoral artery. A 5 Fr sheath was inserted. This was exchanged for a 7 Fr sheath. Hemostasis was successfully achieved by suturing the sheath in place.
Entry Comments: For 7 fr x 34cc IABP.

Procedure Medications:

- 0.9% normal saline I.V. 75 mL/hr.
- Versed I.V. 2 mg.
- Fentanyl 50 mcg.
- Heparin I.V. 3000 units.
- Verapamil I.A. 3 mg.

Diagnostic Catheters:

- A Terumo 6Fr Radial TIG 4.0 diagnostic catheter 110cm was used for left coronary angiography.
- A 6 Fr Terumo 6Fr Radial TIG 4.0 diagnostic catheter 110cm was used for right coronary angiography.
- A Cordis 6Fr angled pigtail catheter was used for left ventriculography.
- A Maquet 7Fr 34cc IABP was used for IABP counter pulsation.

Complications: None.

Contrast Material:

- Isovue 80 ml

Fluoroscopy Time: Diagnostic: 4:12 minutes. Total: 4:12 minutes.

Admission Data

Admission Date: 09/11/2019 **Admission Time:** 02:30 PM

Dominance: Right

Hemodynamics

Condition: Rest

O2 Consumption: Estimated: 146.20

Heart Rate: 75 bpm

Pressures (mmHg)

Site	Pressure (mmHg)
AO	132/51 (84)



Report Status: Finalized

AO	125/43 (74)
AO	124/51 (83)
AO	120/47 (77)
LV	124/6 ,6
LV	118/2 ,20
AO	123/47 (78)
LV	121/8 ,21
AO	122/47 (77)
AO	132/49 (84)

Valve Gradients and Areas

Valve	Peak	Mean	Area	Index	Flow	Source
Aortic	0	0				
Aortic	0	0				

Shunts**Oxygen Values**

O2 Capacity 170 O2 Consumption 146.2

Discharge Data

Hospital Status: Outpatient

Signatures

A handwritten signature in black ink that reads "Lars Runquist".

Electronically signed by RUNQUIST-MD LARS H(Performing physician) on 09/11/2019 04:25 PM

Patient: Judge, Gwendolyn
 Address: 2001 Jedi St Charleston, SC 29406
 August 09, 1947



William B. Ellison, MD, FACC
 Jeffrey S. Rieder, MD, FACC
 Lars H. Runquist, MD, FSCAI
 Matthew B. O'Steen, MD, FACC
 Troy A. Bunting, MD, FACC
 Minh K. Tran, DO
 Scott L. Woodfield, MD, FACC
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 Satellite Offices | Mt. Pleasant • Moncks Corner • Carnes Crossroads

Judge, Gwendolyn

DOB: 08/09/1947

2001 Jedi St, Charleston, SC 29406
 (843)566-1036

Date of Service: October 09, 2019

Current Medications Prior to Visit	Chief Complaint/History of Present Illness
<p>clopidogrel 75 mg tablet, 1 Tablet(s) Oral every day, 90 days. aspirin 81 mg tablet, delayed release, 1 Tablet(s) Oral every day, 90 days. famotidine 20-mg-tablet, 1 Tablet(s) Oral every day. atorvastatin 80 mg tablet, 1 Tablet(s) Oral every day, 90 days. furosemide 40 mg tablet, 1 Tablet(s) Oral every day, 30 days. Colace 100 mg capsule, 1 Capsule(s) Oral two-times-a-day. metoprolol succinate-ER-25-mg tablet, extended release 24 hr, 1/2 Tablet(s) Oral two-times-a-day, 90 days. potassium chloride-ER-20-mEq tablet, extended release, 1 Tablet(s) Oral every day.</p>	<p>Posthospitalization visit after inferior STEMI and emergent CABG Is a 72-year-old woman with a history of hypertension hyperlipidemia who presented with epigastric discomfort and reflux symptoms 9/11/2019 and was noted to have an inferior STEMI. She was taken emergently to the cardiac catheterization lab by Dr. Runquist who found 95% mid RCA thrombus and stenosis but severe triple-vessel disease. IABP was placed and the patient was taken emergently to bypass surgery by Dr. Spratt. Bypass surgery was successful except for some mild hypoxia she was placed on Lasix and discharged home. She is here for follow-up. The patient denies any chest pains except for muscular after the bypass surgery. Pains at her sternotomy site. She had one ER visit after the bypass on 10/2/2019 for panic attack and was noted to be hypertensive. It appears that her primary care physician discontinued her aspirin for some mild anemia that she had was noted to have. He denies any melena hematochezia.</p>
<p>Diagnosis/Problem History Body mass index (BMI) 22.0-22.9, adult CAD (coronary artery disease) Hyperlipidemia Hypertension Inferior MI Panic disorder S/P CABG (coronary artery bypass graft) Cardiovascular Procedures Cardiac Catheterization 9/11/19: Inferior STEMI Multivessel disease (LM: nl, LAD: 90% prox, LCX: 75% ostial followed by 95% complex lesion, RCA: 95% mid with thrombus Inferior wall hypokinesis EF>55% IABP, emergent CABG Transesophageal echocardiogram 9/11/19: intraop Normal LV function, EF>55% Normal RV function Mild MR Coronary Artery Bypass Grafting</p>	<p>EKG done 10/2/2019 showed sinus rhythm poor R wave progression anteriorly inferior Q waves nonspecific ST-T wave changes noted.</p> <p>Review of Systems</p> <p><u>Constitutional:</u> The patient complained of chills but denied fatigue, night sweats, weight gain/obesity and weight loss.</p> <p><u>Eyes:</u> The patient denied vision change.</p> <p><u>Ears/Nose/Throat/Neck:</u> The patient denied dizziness, nosebleed, lightheadedness and sleep apnea (loud snoring).</p> <p><u>Cardiovascular:</u> The patient complained of palpitations (racing heart) but denied chest pain/pressure, claudication (leg pain with walking), dyspnea (SOB), edema (swelling), exercise intolerance, orthopnea, PND (sob and coughing at night) and syncope (passing out).</p> <p><u>Respiratory:</u> The patient complained of cough but denied hemoptysis (bloody cough) and wheezing.</p> <p><u>Gastrointestinal:</u> The patient complained of constipation but denied abdominal pain, acid reflux/indigestion, diarrhea, dyspepsia, hematemesis, hematochezia,</p>

Patient: Judge, Gwendolyn

Address: 2001 Jedi St Charleston, SC 29406

August 09, 1947

9/11/19: Dr. Spratt
LIMA to LAD
SVG to RCA
SVG to OM1

Coronary Artery Disease

Hypertension

Hypercholesterolemia

Inferior STEMI

Cataracts

Surgical History

CABG

cataracts

c-section

Family History

Relationship: Father Disease: Hypertension Recorded Date: October 09, 2019

Relationship: Mother Disease: Hypertension Recorded Date: October 09, 2019

Relationship: Sister Disease: Hypertension Recorded Date: October 09, 2019

Social History

Employment Retired

Exercise regularly

Tobacco history Non Smoker

Marital status Divorced

Alcohol history Rarely drinks alcohol

Tobacco history Former smoker quit over 30 years ago

Alcohol history Doesn't currently drink

Marital status Divorced

Employment Retired

Exercise regularly

Allergies

melena (black/tarry stools) and nausea/vomiting.

Genitourinary/Nephrology: The patient denied urinary frequency, nocturia, hematuria and dysuria.

Musculoskeletal: The patient denied arthralgia(s), back pain and myalgias.

Dermatologic: The patient denied rash.

Neurologic: The patient complained of **numbness** but denied paresthesia (tingling), speech difficulties, stroke symptoms and unilateral weakness (weakness on one-side).

Endocrine: The patient denied polyuria (excessive urination) and polydypsia (excessive thirst).

Hematologic/Lymphatic: The patient denied abnormal bleeding and bruising.

Vital Signs

Wt:123 lbs 6 oz HR:67 bpm BP:138/62 mmHg Resp:16 bpm

Ht:5' 2"

BMI:22.6

Physical Exam

General appearance- overall: well nourished, well developed and in no acute distress

Eyes: conjunctiva/eyelids- overall: no xanthelasma and sclera non-icteric

Ears/Nose/Throat: oral cavity/pharynx/larynx- overall: mucus membranes moist

Neck: jugular veins- overall: no JVD, no carotid bruits are noted.

Chest/Breast: breast/chest inspection- overall: normal chest shape

Respiratory: auscultation- overall: breath sounds clear bilaterally; respiratory effort/rhythm; overall: no retractions and normal rate

Cardiovascular: auscultation of heart- overall: no murmur or gallop, normal S1 and S2 and regular rate and rhythm; palpation of heart; overall: apical impulse location normal; inspection of carotid pulses; overall: strong, bilaterally equal, no bruits; overall: strong, equal bilaterally; inspection of radial pulses; overall: strong, equal bilaterally; extremities; overall: without clubbing, cyanosis, or edema

Abdomen: abdominal exam- overall: no hepatomegaly, non-distended, non-tender and normal bowel sounds

Musculoskeletal: muscle strength and tone- overall: normal development; gait and station; overall: normal gait

Integument: inspection of skin- overall: no rash, lesions

Psychiatric: orientation/consciousness- overall: oriented to person, place and time; mood and affect; overall: normal mood and affect

Chest: median sternotomy CDI, no hematomas, no signs of infection.

Patient: Judge, Gwendolyn

Address: 2001 Jedi St Charleston, SC 29406

August 09, 1947

NO KNOWN DRUG ALLERGIES

NO KNOWN DRUG ALLERGIES

NO KNOWN DRUG ALLERGIES

NO KNOWN DRUG ALLERGIES

Diagnosis

I21.19-410.40 Inferior MI (9/11/19 s/p emergent CABG)

I25.10-414.00 CAD (coronary artery disease)

Z95.1-V45.81 S/P CABG (coronary artery bypass graft)

F41.0-300.01 Panic disorder

E78.5-272.4 Hyperlipidemia

I10-401.9 Hypertension

Z68.22-V85.1 Body mass index (BMI) 22.0-22.9, adult

Assessment/Plan

- labs were done by PCP we will obtain to see if Lipid and LFTS were done
- reinstate ASA 81mg daily, continue clopidogrel, BB, statin
- initiate cardiac rehab
- follow up with Dr. Spratt next week
- follow up with Dr. Runquist in 4-6 weeks

Thank you for referring this patient to Coastal Cardiology. We look forward to caring for the patient with you.

Services Performed

G8418 CALC BMI BLW LOW PARAM F/U

3075F SYST BP GE 130 - 139MM HG

3078F DIAST BP <80 MM HG

99214 LEVEL 4/ MODERATE - EST.

Services Ordered

Patient Instructions



Geetha Pinto MD

CC: Heather Dawson MD

XR Chest 1 View Portable
 * Final Report *

JUDGE, GWENDOLYN N - 649812

*** Final Report ***

Reason For Exam

Other abnormalities of breathing

FINAL REPORT

Chest AP: 10/02/19

INDICATION: "Other abnormalities of breathing".

COMPARISON: None/16/19

FINDINGS/IMPRESSION: Chest tubes have been removed since the prior study. No new focal infiltrate or overt pulmonary edema. No pneumothorax. No definite pleural effusion. Heart size remains enlarged. Evidence prior CABG procedure. No acute osseous abnormality.

Signature Line

***** Final *****

Releasing Radiologist: MCCARTHY-MD, MEREDITH N
 Released Date and Time: 10/02/19 19:35

IMAGE

This document has an image

Result type:	XR Chest 1 View Portable
Result date:	October 02, 2019 19:06 EDT
Result status:	Modified
Result title:	XR Chest 1 View Portable
Performed by:	STENHOUSE, MICHAEL S on October 02, 2019 19:06 EDT
Verified by:	MCCARTHY-MD, MEREDITH N on October 02, 2019 19:35 EDT
Encounter info:	1927501410, Roper Hospital, ERA-ER Roper RH, 10/2/2019 - 10/2/2019

XR Chest 1 View Portable
 * Final Report *

JUDGE, GWENDOLYN N - 649812

*** Final Report ***

Reason For Exam

Other abnormalities of breathing

FINAL REPORT

Chest AP: 10/02/19

INDICATION: "Other abnormalities of breathing".

COMPARISON: None/16/19

FINDINGS/IMPRESSION: Chest tubes have been removed since the prior study. No new focal infiltrate or overt pulmonary edema. No pneumothorax. No definite pleural effusion. Heart size remains enlarged. Evidence prior CABG procedure. No acute osseous abnormality.

Signature Line

***** Final *****

Releasing Radiologist: MCCARTHY-MD, MEREDITH N

Released Date and Time: 10/02/19 19:35

IMAGE

This document has an image

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Performed by:	STENHOUSE, MICHAEL S on October 02, 2019 19:06 EDT
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Encounter info:	1927501410, Roper Hospital, ERA-ER Roper RH, 10/2/2019 - 10/2/2019

Printed by: Lynn, Erica
 Printed on: 1/21/2020 8:59 EST

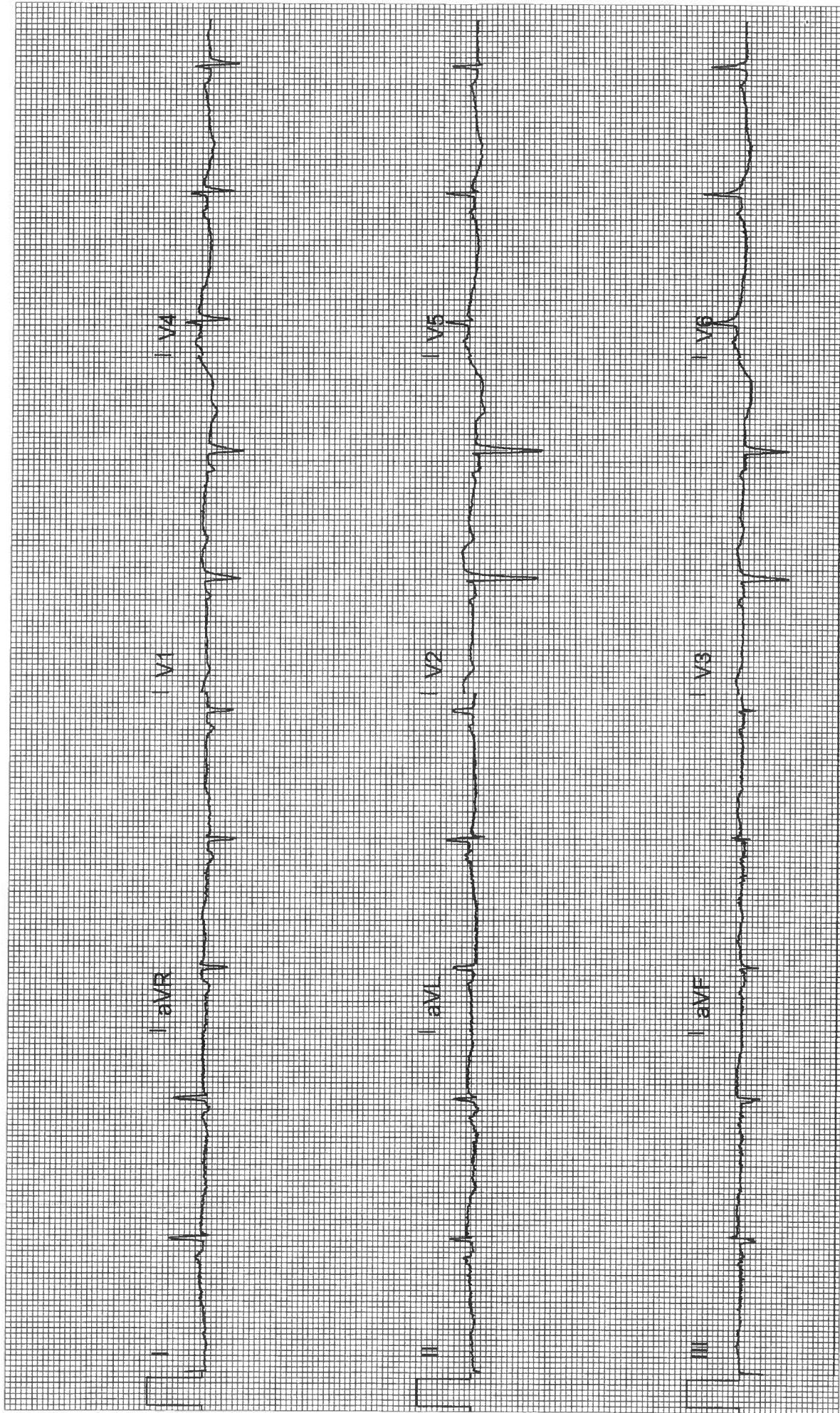
Page 1 of 1

JUDGE, GWENDOLYN
 ID: 649812
 DOB: 8/9/1947, 72 Years
 Female
 Location: Unknown
 Operator:
 Referred By:
 Requested By:
 Comment:

10/2/2019 18:23:00
 Vent rate: 62 BPM
 PR int: 170 ms
 QRS dur: 78 ms
 QT/QTc: 478 / 483 ms
 P-R-T axes: 29.4 *
 Avg RR: 964 ms

SINUS RHYTHM
 LOW QRS VOLTAGE [QRS DEFLECTION < 0.5/1.0 mV IN LIMB/CHEST LEADS]
 CANNOT RULE OUT ANTERIOR INFARCT [30 MS Q WAVE IN V3/V4, OR R < 0.2 mV IN V4],
 PROBABLY OLD
 No Significant Change since last EKG
 ABNORMAL ECG

Reviewed By: WOODFIELD-MD, SCOTT 10/4/2019 21:34:37



Patient: Judge, Gwendolyn

Address: 2001 Jedi St Charleston, SC 29406

August 09, 1947



William B. Ellison, MD, FACC
Jeffrey S. Rieder, MD, FACC
Lars H. Runquist, MD, FSCAI
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Judge, Gwendolyn

DOB: 08/09/1947

2001 Jedi St, Charleston, SC 29406
(843)566-1036

Date of Service: November 13, 2019

Current Medications Prior to Visit	Chief Complaint/History of Present Illness
<p>clopidogrel 75 mg tablet, 1 Tablet(s) Oral every day, 90 days. aspirin 81 mg tablet, delayed release, 1 Tablet(s) Oral every day, 90 days. atorvastatin 80 mg tablet, 1 Tablet(s) Oral every day, 90 days. chlorothalidone 25 mg tablet, 1 Tablet(s) Oral every day, 90 days. lorazepam 1 mg tablet, tablet oral, 30 days. metoprolol succinate ER 25 mg tablet, extended release 24 hr, 1 Tablet(s) Oral every day, 90 days. omeprazole 40 mg capsule, delayed release, capsule, delayed release (DR/EC) oral, 90 days. amlodipine 10 mg tablet, tablet oral, 90 days.</p>	<p>She presented for a Cardiac Visit.</p>
	<p>She denies chest pain or SOB. No orthopnea or PND Her SBP at home runs in the 140's to 150's</p>
	<p>Review of Systems</p> <p><u>Constitutional:</u> The patient complained of night sweats but denied chills, fatigue, weight gain/obesity and weight loss.</p> <p><u>Eyes:</u> The patient denied vision change.</p> <p><u>Ears/Nose/Throat/Neck:</u> The patient denied dizziness, lightheadedness, nosebleed and sleep apnea (loud snoring).</p> <p><u>Cardiovascular:</u> The patient complained of chest pain/pressure and palpitations (racing heart) but denied claudication (leg pain with walking), dyspnea (SOB), edema (swelling), exercise intolerance, orthopnea, PND (sob and coughing at night) and syncope (passing out).</p> <p><u>Respiratory:</u> The patient denied cough, hemoptysis (bloody cough) and wheezing.</p> <p><u>Gastrointestinal:</u> The patient denied abdominal pain, acid reflux/indigestion, constipation, diarrhea, dyspepsia, hematemesis, hematochezia, melena (black/tarry stools) and nausea/vomiting.</p> <p><u>Genitourinary/Nephrology:</u> The patient denied dysuria, hematuria, nocturia and urinary frequency.</p> <p><u>Musculoskeletal:</u> The patient denied arthralgia(s), back pain and myalgias.</p> <p><u>Dermatologic:</u> The patient denied rash.</p> <p><u>Neurologic:</u> The patient denied numbness, paresthesia (tingling), speech difficulties, stroke symptoms and unilateral weakness (weakness on one-side).</p> <p><u>Endocrine:</u> The patient denied polydypsia (excessive thirst) and polyuria (excessive urination).</p> <p><u>Hematologic/Lymphatic:</u> The patient denied abnormal bleeding and bruising.</p>
<p>Diagnosis/Problem History Atherosclerotic heart disease of native coronary artery without angina pectoris Body mass index (BMI) 22.0-22.9, adult CAD (coronary artery disease) Hyperlipidemia LDL goal <70 Hypertension Inferior MI Panic disorder S/P CABG (coronary artery bypass graft)</p> <p>Cardiovascular Procedures Cardiac Catheterization 9/11/19: Inferior STEMI Multivessel disease (LM: nl, LAD: 90% prox, LCX: 75% ostial followed by 95% complex lesion, RCA: 95% mid with thrombus Inferior wall hypokinesis EF>55% IABP, emergent CABG Transesophageal echocardiogram 9/11/19: intraop Normal LV function, EF>55% Normal RV function Mild MR</p>	

Patient: Judge, Gwendolyn

Address: 2001 Jedi St Charleston, SC 29406

August 09, 1947

Coronary Artery Bypass Grafting
9/11/19: Dr. Spratt
LIMA to LAD
SVG to RCA
SVG to OM1

Coronary Artery Disease

Hypertension

Hypercholesterolemia

Inferior STEMI

3 vessel disease on cath Sept 2019

CABG x 3

LIMA to LAD

SVG to OM

SVG to PDA

HTN

Hyperlipidemia

Cataracts

Surgical History

CABG

cataracts

c-section

Family History

Relationship: Father Disease: Hypertension Recorded Date: October 09, 2019

Relationship: Mother Disease: Hypertension Recorded Date: October 09, 2019

Relationship: Sister Disease: Hypertension Recorded Date: October 09, 2019

Social History

Employment Retired

Exercise regularly

Tobacco history Non Smoker

Marital status Divorced

Vital Signs

Wt:128 lbs HR:74 bpm BP:140/62 mmHg Resp:16 bpm SPO2:98 %
Ht:5' 2" Left Arm

BMI:23.4

Physical Exam

Constitutional:

general appearance- overall: no apparent distress

Neck:

jugular veins- overall: no JVD

Respiratory:

auscultation- overall: breath sounds clear and equal bilaterally, no rales;

respiratory effort/rhythm; overall: non-labored

Cardiovascular:

auscultation of heart- overall: no gallop, no murmur and regular rate and rhythm;

extremities; overall: no edema

Abdomen:

abdominal exam- overall: non-tender, non-distended and bowel sounds normal

Patient: Judge, Gwendolyn

Address: 2001 Jedi St Charleston, SC 29406

August 09, 1947

Alcohol history Rarely drinks alcohol

Tobacco history Former smoker quit over 30 years ago

Alcohol history Doesn't currently drink

Marital status Divorced

Employment Retired

Exercise regularly

Allergies

NO KNOWN DRUG ALLERGIES

NO KNOWN DRUG ALLERGIES

NO KNOWN DRUG ALLERGIES

NO KNOWN DRUG ALLERGIES

Diagnosis

E78.5-272.4 Hyperlipidemia LDL goal <70

I10-401.9 Hypertension

I25.10-414.01 Atherosclerotic heart disease of native coronary artery without angina pectoris

Prescriptions

chlorthalidone 25 mg tablet, 1 Tablet(s) Oral every day, 90 days.

metoprolol succinate ER 25 mg tablet, extended release 24 hr, 1 Tablet(s) Oral every day, 90 days.

Assessment/Plan

CAD- The patient is currently asymptomatic, will continue current medications

Will refer to cardiac rehab.

HTN- uncontrolled. Will increase metoprolol to 25mg daily and add chlorthalidone 25mg daily

Hyperlipidemia- will check a f/u FLP

A return visit is indicated in 3 months.

Services Performed

99214 LEVEL 4/ MODERATE - EST.

Services Ordered

LIPID PANEL

BASIC METABOLIC PANEL

Patient Instructions

increase metoprolol succinate to 25mg daily

Start chlorthalidone 25mg daily

Patient: Judge, Gwendolyn

Address: 2001 Jedi St Charleston, SC 29406

August 09, 1947

Start cardiac rehab

Check labs next week



Matthew O'Steen MD

CC: Heather Dawson MD

Patient Note

Patient Name: Judge, Gwendolyn
 Medical Record #: DOB: 8/9/1947 Age: 72 Years Gender: Female
 Phone: (843)566-1036
 Practice Name: Coastal Cardiology, PA



SP/SO Mapping	Laboratory	Template	Type	Order Provider	Approved By	Approved On
	General	Chemistry	Lab Results			
Notes	Results	Ordered	Resulted	Collected	Received	Performed
		11/18/2019	11/18/2019			

Description	Value	H/L	Normal (min)	Normal (max)	Unit	Comment
A/G ratio						
Albumin			3.5	5.0	gm/dl	
Alkaline Phosphate			38	126	iu/l	
ALT (SGPT)					iu/l	
AST (SGOT)					iu/l	
Bilirubin (Total)			0.2	1.3	mg/dl	
BUN	14				mg/dl	
BUN/Creatinine						
Calcium	9.8		8.4	10.2		
Chloride	100		98	107	mmol/ml	
CO2	28		22	31	mmol/l	
Creatinine	0.8				mg/dl	
Globulin						
Gluc Fasting					mg/dl	
Gluc Random	98		70	139	mg/dl	
Potassium	3.5		3.6	5.0	mmol/l	
Protein Total			6.3	8.2	gm/dl	
Sodium	135		137	145	mmol/l	
eGFR African						
eGFR Non-African						

Patient Name: Judge, Gwendolyn**Medical Record #:** DOB: 8/9/1947 **Age:** 72 Years **Gender:** Female**Phone:** (843)566-1036**Practice Name:** Coastal Cardiology, PA

SP/SO Mapping	Laboratory	Template	Type	Order Provider	Approved By	Approved On
	General	Lipid panel	Lab Results			
Notes	Results	Ordered	Resulted	Collected	Received	Performed
		11/18/2019	11/18/2019			

Description	Value	H/L	Normal (min)	Normal (max)	Unit	Comment
Cholesterol	134	0	199	mg/dl		
LDL Cholesterol	58			mg/dL		
HDL Cholesterol	55			mg/dl		
Triglycerides	105	0	199	mg/dl		

Patient: Judge, Gwendolyn
 Address: 2001 Jedi St Charleston, SC 29406
 August 09, 1947



William B. Ellison, MD, FACC
 Jeffrey S. Rieder, MD, FACC
 Lars H. Runquist, MD, FSCAI
 Matthew B. O'Steen, MD, FACC
 Troy A. Bunting, MD, FACC
 Minh K. Tran, DO
 Scott L. Woodfield, MD, FACC
 John M. Ciccone, MD, FACC
 Kristen P. Nawabi, MD, FACC
 Kelly S. Guerrero, PA-C
 Brett R. Dalmau, PA-C
 Christy D. Hawkins, PA-C
 Karen J. Byrd, PA-C

1033 St. Andrews Blvd • Charleston, SC 29407 • (843) 723-6111
 Satellite Offices | Mt. Pleasant • Moncks Corner • Carnes Crossroads

Judge, Gwendolyn

DOB: 08/09/1947

2001 Jedi St, Charleston, SC 29406
 (843)566-1036

Date of Service: February 03, 2020

Current Medications Prior to Visit	Chief Complaint/History of Present Illness
<p>clopidogrel 75 mg tablet, 1 Tablet(s) Oral every day, 90 days. aspirin 81 mg tablet, delayed release, 1 Tablet(s) Oral every day, 90 days. atorvastatin 80 mg tablet, 1 Tablet(s) Oral every day, 90 days. chlorthalidone 25 mg tablet, 1 Tablet(s) Oral every day, 90 days. lorazepam 1 mg tablet, tablet oral, 30 days. metoprolol succinate ER 25 mg tablet, extended release 24 hr, 1 Tablet(s) Oral every day, 90 days. omeprazole 40 mg capsule, delayed release, capsule, delayed release (DR/EC) oral, 90 days. amlodipine 10 mg tablet, tablet oral, 90 days.</p>	<p>She presented for a Cardiac Visit. Hyperlipidemia.</p>
	<p>Patient here for a f/u visit and has been having leg cramps. She was started on chlorthalidone last visit. She is still working a lot and up to 12 hrs per day.</p>
	<p>Patient denied chest pain, dyspnea, orthopnea/PND, LE edema, palpitations, dizziness/lightheadedness, presyncope/syncope.</p>
<p>Diagnosis/Problem History Atherosclerotic heart disease of native coronary artery without angina pectoris Body mass index (BMI) 22.0-22.9, adult CAD (coronary artery disease) Hyperlipidemia LDL goal <70 Hypertension Inferior MI Leg cramps Panic disorder S/P CABG (coronary artery bypass graft) Cardiovascular Procedures Cardiac Catheterization 9/11/19: Inferior STEMI Multivessel disease (LM: nl, LAD: 90% prox, LCX: 75% ostial followed by 95% complex lesion, RCA: 95% mid with thrombus Inferior wall hypokinesis EF>55% IABP, emergent CABG Transesophageal echocardiogram 9/11/19: intraop Normal LV function, EF>55% Normal RV function</p>	<p>Review of Systems</p> <p><u>Constitutional:</u> The patient denied chills, fatigue, night sweats, weight gain/obesity and weight loss.</p> <p><u>Eyes:</u> The patient denied vision change.</p> <p><u>Ears/Nose/Throat/Neck:</u> The patient complained of lightheadedness but denied dizziness, nosebleed and sleep apnea (loud snoring).</p> <p><u>Cardiovascular:</u> The patient complained of chest pain/pressure and palpitations (racing heart) but denied claudication (leg pain with walking), dyspnea (SOB), edema (swelling), exercise intolerance, orthopnea, PND (sob and coughing at night) and syncope (passing out).</p> <p><u>Respiratory:</u> The patient denied cough, hemoptysis (bloody cough) and wheezing.</p> <p><u>Gastrointestinal:</u> The patient complained of constipation but denied abdominal pain, acid reflux/indigestion, diarrhea, dyspepsia, hematemesis, hematochezia, melena (black/tarry stools) and nausea/vomiting.</p> <p><u>Genitourinary/Nephrology:</u> The patient denied dysuria, hematuria, nocturia and urinary frequency.</p> <p><u>Musculoskeletal:</u> The patient denied arthralgia(s), back pain and myalgias.</p> <p><u>Dermatologic:</u> The patient denied rash.</p> <p><u>Neurologic:</u> The patient complained of numbness and paresthesia (tingling) but denied speech difficulties, stroke symptoms and unilateral weakness (weakness on one-side).</p> <p><u>Endocrine:</u> The patient denied polydypsia (excessive thirst) and polyuria (excessive</p>

Patient: Judge, Gwendolyn

Address: 2001 Jedi St Charleston, SC 29406

August 09, 1947

Mild MR

Coronary Artery Bypass Grafting

9/11/19: Dr. Spratt

LIMA to LAD

SVG to RCA

SVG to OM1

Coronary Artery Disease

Hypertension

Hypercholesterolemia

Inferior STEMI

3 vessel disease on cath Sept 2019

CABG x 3

LIMA to LAD

SVG to OM

SVG to PDA

HTN

Hyperlipidemia

Cataracts

Surgical History

CABG

cataracts

c-section

Family History

Relationship: Father Disease:

Hypertension Recorded Date: October 09, 2019

Relationship: Mother Disease:

Hypertension Recorded Date: October 09, 2019

Relationship: Sister Disease: Hypertension Recorded Date: October 09, 2019

Social History

Employment Retired

Exercise regularly

Tobacco history Non Smoker

urination).

Hematologic/Lymphatic: The patient denied abnormal bleeding and bruising.

Vital Signs

Wt:125 lbs HR:64 bpm BP:138/72 mmHg Resp:16 bpm SPO2:99 %

Ht:5' 2" Left Arm

BMI:22.9

Physical Exam

Constitutional:

general appearance- overall: no apparent distress

Neck:

jugular veins- overall: no JVD

Respiratory:

auscultation- overall: breath sounds clear and equal bilaterally, no rales; respiratory effort/rhythm; overall: non-labored

Cardiovascular:

auscultation of heart- overall: no gallop, no murmur and regular rate and rhythm; extremities; overall: no edema

Abdomen:

abdominal exam- overall: non-tender, non-distended and bowel sounds normal

Patient: Judge, Gwendolyn
 Address: 2001 Jedi St Charleston, SC 29406
 August 09, 1947

Marital status Divorced

Alcohol history Rarely drinks alcohol

Tobacco history Former smoker quit over 30 years ago

Alcohol history Doesn't currently drink

Marital status Divorced

Employment Retired

Exercise regularly

Allergies

NO KNOWN DRUG ALLERGIES

NO KNOWN DRUG ALLERGIES

Diagnosis

R25.2-729.82 Leg cramps
 I25.10-414.00 CAD (coronary artery disease)
 I10-401.9 Hypertension
 E78.5-272.4 Hyperlipidemia LDL goal <70

Assessment/Plan

1. Leg cramps: We will check BMP and magnesium.
2. CAD: The patient is currently asymptomatic, will continue current medications
3. HTN: BP better. 25mg daily and add chlorthalidone 25mg daily.
4. Hyperlipidemia- LDL was 58.

Patient seen with Dr. O'Steen on site.

Services Performed

99214 LEVEL 4/ MODERATE - EST.

Services Ordered

BASIC METABOLIC PANEL

Magnesium

Patient Instructions

Print lab slip
 F/U with Dr. O'Steen

Christy Hawkins PA-C

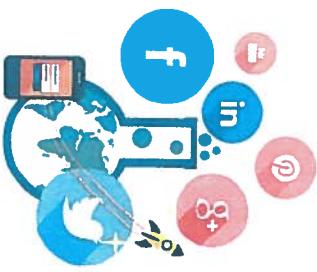
Patient: Judge, Gwendolyn
Address: 2001 Jedi St Charleston, SC 29406
August 09, 1947

Christy Hawkins PA-C

CC: Heather Dawson MD

Certificate of Completion

**SOCIAL
MEDIA
MARKETING**



This certificate is hereby presented to

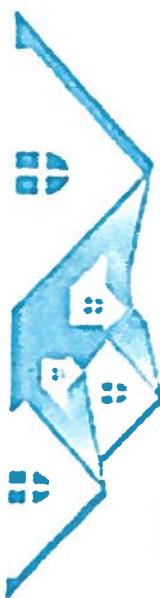
RAHSAUN JUDGE

Having honorably fulfilled all of the requirements of the ACE Class: Social Media Marketing

October 2, 2019


B. Fertl
ACE Coordinator

Certificate of Completion



— REAL ESTATE —

This certificate is hereby presented to

RASHAUN JUDGE

Having honorably fulfilled all of the requirements of the ACE Class: REAL ESTATE

October 2, 2019


B. Fertill

ACE Coordinator

Certificate of Completion



Robert Kiyosaki

This certificate is hereby presented to

RASHAUN JUDGE

Having honorably fulfilled all of the requirements of the ACE Class: CASH FLOW

October 2, 2019

12

B. Kertill

ACE Coordinator